Sound Transit
Title VI Discrimination Complaint Form

Section I

Name:_____

Address:_____

Telephone Numbers: (Home)_____(Work)_____

Electronic Mail Address:_____

Special Requirements?:

Large Print _____ Audio tape _____TDD _____Other_____

Sound Transit is responsible for civil rights compliance and monitoring, which includes ensuring that contractors regardless of tier and sub-recipients regardless of tier properly abide by Title VI of the Civil Rights Act of 1964, Executive Order 12898, "Federal Actions To Address Environmental Justice in Minority Populations and Low Income Populations," and the Department of Transportation's Guidance to Recipients on Special Language Services to Limited English Proficient (LEP) Beneficiaries.

In Sound Transit's complaint investigation process, we analyze the complainant's allegations for possible Title VI violations. If violations are identified, they are investigated as provided in Sound Transit's Title VI Discrimination Complaint Process.

Section II

Are you filing this complaint on your own behalf? Yes ____ No ____

[If you answered "yes" to this question, go to Section III.]

If you answered "no", please supply the name and relationship of the person for whom you are complaining:

_____

Please explain why you have filed for a third party: _____

_____

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. Yes ____ No ____

Section III

Have you previously filed a Title VI complaint with Sound Transit?

Yes____ No___

If yes, when and against whom was the complaint filed? _____

[Note: This information is needed for administrative purposes; we will assign the same complaint number to the new complaint.]

Have you filed this complaint with any of the following agencies?

Department of Transportation ____

Department of Justice_____ Equal Employment Opportunity Commission _____

Other _____

Have you filed a lawsuit regarding this complaint? Yes_____ No____

If yes, please provide a copy of the complaint form.

[Note: This above information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issues, we defer to the decision of the court.]

Section IV

Name of person or organizations complaint is against:_____

Contact person: _____ Title: _____

Telephone number: _____

Please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.

(Attach additional page(s) if necessary.

Section V

Name (signature) ____

Date: _______________

Please mail your completed form to: Sound Transit, Diversity Programs Office, Union Station, 401 South Jackson St., Seattle, Washington 98104-2826.